

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/890836 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	3		/			
6	3		/			
7	3		/			
8	3		/			
9	3		/			
10	3		/			
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18	/		/			
19	/		/			
20	/		/			
21	/		/			
22	2		2			
23	2		2			
24	2		2			
25	/		/			
26	/		/			
27	/		/			
28	/		/			
29	/		/			
30	/		/			
31	/		/			
32	4		/			
33	4		/			
34	/		/			
35	/		/			
36	/		/			
37	/		/			
38	/		/			
39	/		/			
40	/		/			
41	5		/			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8		8			
TOTAL DEP.	66		36			
TOTAL CLAIMS	74		44			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS